

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Serial No

FILING DATE

ATTENDANT(S)

CLAIMS

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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37						
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39						
40	1					
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	0					
TOTAL CLAIMS	2					